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LFW

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/658,309
Filing Date	09/09/2003
First Named Inventor	Jeffrey P. Sabol
Art Unit	3618
Examiner Name	Frank Bennett Vanaman
Attorney Docket Number	SABOL4

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

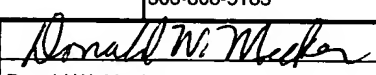
The reasons for this request are: Due to my heavy workload, I am unable to meet the client's time demands.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Jeffrey P. Sabol				
Address	P.O. Box 100984				
City	Denver	State	CO	Zip	80250
Country	US				
Telephone	303-808-5183			Email	JPS4343@aol.com
Signature					
Name	Donald W. Meeker			Registration No.	28,792
Date	April 22, 2005			Telephone No.	949-675-6296

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